TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Final Rule
LSA Document #21-32(F)

DIGEST

Adds 405 IAC 10-13 to revise the Healthy Indiana Plan (HIP) rule to include the HIP Workforce Bridge. The HIP Workforce Bridge Account (HIP Bridge Account) shall provide $1,000 in funds to cover health care expenses for HIP Workforce Bridge participants. Effective 30 days after filing with the Publisher.

405 IAC 10-13

SECTION 1. 405 IAC 10-13 IS ADDED TO READ AS FOLLOWS:

Rule 13. HIP Workforce Bridge Account

405 IAC 10-13-1 HIP Workforce Bridge Account program definitions

Authority: IC 12-15-44.5-9
Affected: IC 12-15-30.5-3; IC 12-15-44.5; IC 25-10-1-1

Sec. 1. The following definitions apply to this rule:
(1) "Covered service" has the meaning set forth in 405 IAC 10-2-1, but shall exclude the following services:
(A) Noncovered services, which has the meaning set forth in 405 IAC 5-29-1.
(B) Services provided in a long term care facility, which has the meaning set forth in 405 IAC 1-20-1.
(C) Hospice, which has the meaning set forth in 405 IAC 5-2-10.1.
(D) Medicaid rehabilitation option services, which has the meaning set forth in 405 IAC 5-21.5-1.
(E) Nonemergency medical transportation, which has the meaning set forth in IC 12-15-30.5-3.
(F) Foot orthotics.
(G) Chiropractic specialty, which means those services rendered within the scope of chiropractic, which has the meaning set forth in IC 25-10-1-1.
(H) Case management billed as Healthcare Common Procedure Coding System (HCPCS) code T1016.
(2) "Participant" means an individual who has:
(A) opted in, via the procedures specified in section 3 of this rule; and
(B) been enrolled in the program by the office under the limitations specified in section 7 of this rule.
(3) "Program" means the HIP Workforce Bridge Account program, as established by the U.S. Department of Health and Human Services approved Section 1115 demonstration waiver.

(Office of the Secretary of Family and Social Services; 405 IAC 10-13-1; filed Jul 9, 2021, 2:05 p.m.: 20210804-IR-405210032FRA)

405 IAC 10-13-2 HIP Workforce Bridge Account program

Authority: IC 12-15-44.5-9
Affected: IC 12-15-44.5

Sec. 2. (a) Coverage under the program is not minimum essential coverage, as defined in 26 U.S.C. 5000A(f).

(b) Individuals participating in the program are not members of HIP, as defined in 405 IAC 10-2-1. The provisions of 405 IAC 10-10-3 do not apply to participants in the program.

(Office of the Secretary of Family and Social Services; 405 IAC 10-13-2; filed Jul 9, 2021, 2:05 p.m.: 20210804-IR-405210032FRA)

405 IAC 10-13-3 HIP Workforce Bridge Account program eligibility and participation

Authority: IC 12-15-44.5-9
Affected: IC 12-15-44.5

Sec. 3. (a) To be eligible for the program:
(1) an individual must have become ineligible for HIP coverage solely due to an increase in verified income under 405 IAC 10-4-10(a)(8);
(2) an individual or the individual's next of kin or authorized representative must notify the office of their election to participate in the program within thirty (30) days of the determination by the office of the individual's HIP ineligibility; and
(3) the office must not have ceased to enroll new individuals in the program, under the program limitations specified in section 7 of this rule.

(b) Individuals who are conditionally eligible only for HIP, as defined in 405 IAC 10-2-1, are not eligible for the program.

(c) Access to the HIP Bridge Account begins the first day of the month following the end of HIP coverage, and shall continue for twelve (12) months until:
(1) the participant has reached one thousand dollars ($1,000) in total payments and reimbursements; or
(2) the end of the eligibility period as provided in section 6 of this rule.

(d) Subject to the limitations in section 6 of this rule, participation in the program does not prevent a participant from applying for and gaining eligibility in any other Indiana health coverage program.

(Office of the Secretary of Family and Social Services; 405 IAC 10-13-3; filed Jul 9, 2021, 2:05 p.m.: 20210804-IR-405210032FRA)

405 IAC 10-13-4 HIP Workforce Bridge Account benefits

Authority: IC 12-15-44.5-9
Affected: IC 12-15-5; IC 12-15-44.5

Sec. 4. (a) The program shall provide up to one thousand dollars ($1,000) in funds to pay for eligible health care expenses incurred by a participant during the twelve (12) month eligibility period, as specified in section 3(c) of this rule.

(b) Covered services paid by the program must be expenses covered in the Indiana Medicaid State Plan, as defined in 405 IAC 5-2-6.

(c) Program funds may be used only for the following health care expenses:
(1) A premium for a health insurance plan that covers the participant.
(2) The following costs for covered services incurred by the participant with a provider, as defined in 405 IAC 10-2-1:
(A) Health insurance deductible costs.
(B) Copayments.
(C) Co-insurance.
(3) Direct payment to a provider, as defined in 405 IAC 10-2-1, if the participant is not covered by a plan specified in subdivision (1).

(Office of the Secretary of Family and Social Services; 405 IAC 10-13-4; filed Jul 9, 2021, 2:05 p.m.: 20210804-IR-405210032FRA)

405 IAC 10-13-5 HIP Workforce Bridge Account payment and reimbursement procedure

Authority: IC 12-15-44.5-9
Affected: IC 12-15-2-20; IC 12-15-2.5-2; IC 12-15-44.5

Sec. 5. (a) To receive reimbursement for a private or employer-based health insurance plan premium,

the participant shall, within ninety (90) days of the date the premium was incurred by the participant:

(1) complete the applicable form prescribed by the office providing the name of the participant, the amount of the premium, the date the premium was incurred, and the amount claimed;

(2) include with the form documentation to support the cost of the premium incurred by the participant; and

(3) submit the form and supporting documentation to the office via email or U.S. mail.

(b) In order to generate direct payment for a premium for a health insurance plan on the federally-facilitated Exchange (FFE), as defined in 45 CFR 155.20, a participant in the program must perform the following actions within ninety (90) days of the date on which the cost of the premium was incurred by the participant:

(1) Complete the applicable form prescribed by the office and submit via email or U.S. mail.

(2) Include with the form the documentation to support the cost of the premium owed by the participant to the plan on the FFE.

(3) Submit the form and supporting documentation to the office via email or U.S. mail.

(c) Documentation supporting the cost of the premium must indicate the provider of the insurance, group number, policy number, and the cost of the premium. Supporting documentation may include:

(1) for a private health insurance plan:

(A) an invoice;

(B) plan documentation establishing premium payments;

(C) an electronic payment agreement; or

(D) other documentation from the health insurance plan documenting the amount of the premium and frequency of payment.

(2) for an employer-provided insurance plan:

(A) a letter signed by the employer stating the cost of the premium and frequency of deduction from the participant's pay;

(B) a pay stub documenting the amount and frequency of the premium payment; or

(C) other documentation from the employer documenting the amount of the premium and frequency of payment.

(3) for an FFE plan:

(A) an invoice;

(B) plan documentation establishing premium payments;

(C) an electronic payment agreement; or

(D) other documentation from the health insurance plan documenting the amount of the premium and frequency of payment.

A participant who submits documentation in support of the premium other than the examples listed above must demonstrate the reliability and appropriateness of the documentation.

(d) Direct payment may be generated only for the payment of a premium for a plan on the FFE.

(e) Direct payment to a provider as specified in section 4(c)(3) of this rule shall follow the claims procedure described in 405 IAC 1-1-3 and does not require any action by the participant.

(f) No payment of program funds shall be provided in excess of the limits specified in section 7 of this rule.

(Office of the Secretary of Family and Social Services; 405 IAC 10-13-5; filed Jul 9, 2021, 2:05 p.m.: 20210804-IR-405210032FRA)

405 IAC 10-13-6 HIP Workforce Bridge Account termination or withdrawal

Authority: IC 12-15-44.5-9
Affected: IC 12-15-2-20; IC 12-15-2.5-2; IC 12-15-44.5

Sec. 6. (a) A participant shall become ineligible to participate in the program under the following circumstances:

(1) Circumstances listed in 405 IAC 10-4-10(a)(1) through 405 IAC 10-4-10(a)(7).

(2) If the participant becomes an inmate of a public institution and is no longer eligible for Medicaid under section 1905(a)(30)(A) of the Social Security Act.
(3) If the participant is eligible for Medicaid, HIP, or HIP Maternity, or becomes presumptively eligible under 405 IAC 10-4-11.

(b) In the case of a voluntary withdrawal under 405 IAC 10-4-10(a)(5), the program eligibility period shall end on the last day of the month during which the participant or the participant's duly authorized representative requested voluntary withdrawal.

(c) In the case of ineligibility under subsection (a)(3), the program eligibility period shall end immediately upon enrollment in Medicaid, HIP, or HIP Maternity or by determination of presumptive eligibility.

(d) In the case of ineligibility due to a circumstance other than those specified in subsection (a) or (b), the program eligibility period shall end following the standard notification procedures under 42 CFR 431.211.

(Office of the Secretary of Family and Social Services; 405 IAC 10-13-6; filed Jul 9, 2021, 2:05 p.m.: 20210804-IR-405210032FRA)

405 IAC 10-13-7 HIP Workforce Bridge Account limitations

Authority: IC 12-15-44.5-9
Affected: IC 12-15-44.5

Sec. 7. (a) If:
(1) the office determines there are insufficient funds available to award new accounts;
(2) the office has awarded the maximum number of accounts allowed for the program as part of the U.S. Department of Health and Human Services approved Section 1115 demonstration waiver; or
(3) federal approval of the program is withdrawn or otherwise ceases;
the office shall not enroll any new individuals in the program and there shall be no new participants. Existing program accounts shall remain active until the termination date described in section 3(c) of this rule.

(b) Notices to participate in the program shall be sent in the order that individuals become ineligible for HIP.

(c) Program accounts shall be awarded in the order that the notifications under section 3(a)(2) of this rule are received by the office.

(Office of the Secretary of Family and Social Services; 405 IAC 10-13-7; filed Jul 9, 2021, 2:05 p.m.: 20210804-IR-405210032FRA)

405 IAC 10-13-8 HIP Workforce Bridge Account participant appeals

Authority: IC 12-15-1-10; IC 12-15-44.5-9
Affected: IC 12-15-28

Sec. 8. Appeals regarding the program shall be governed by the procedures and time limits set out in 405 IAC 1.1.

(Office of the Secretary of Family and Social Services; 405 IAC 10-13-8; filed Jul 9, 2021, 2:05 p.m.: 20210804-IR-405210032FRA)

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